



YOUTH EMPLOYMENT PROGRAM

Please complete and bring to our office at 162 Whisconier Rd or email to lburandt@brookfieldct.gov by 3/20/17

Date ____/____/____

Name _____ Age _____

Address _____

Cell Phone _____ Home Phone _____

Sex _____ Birthdate _____ Email _____

Previous Job Experience _____

Job Interests:

Babysitting _____ Mother's Helper _____ Computer Help _____

Mowing _____ Weeding _____ Raking _____

Shoveling Snow _____ Light Housecleaning _____ Plant Care _____

Animal Care _____ Dog Walking _____ Other _____

Do you have transportation? Yes _____ No _____

Have you taken Red Cross Babysitting Training Class? Yes _____ No _____

State any other qualifications

THIS REGISTRATION MUST BE SIGNED BY PARENT OR GUARDIAN

I, _____ Parent/Guardian of _____

give permission for him/her to work in the Youth Employment Program. I certify with my signature that he/she is at least 12 years of age. I understand that there is no bonding or insurance of any kind provided for either the children or the employers of this program. I agree that the Town Of Brookfield it's agents and employees, shall not in any way be held liable for any injuries sustained by my child while participating in the Youth Employment Program.

Signed: _____ Date _____